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ABSTRACT

A 1969 summer program under the Region III Migrant Education Project in Merced County, California, brought dental services to migrant children in the northern San Joaquin Valley. The goal was to screen and test as many children of migratory agricultural workers as possible in a set span of time. The University of California School of Dentistry was contracted to set up mobile dental clinics which were manned by seniors in dentistry, dental hygiene, and pharmacy with on-site supervision by School of Dentistry professors. Over 1200 children received dental examinations and/or treatment during the 12-week program. Aside from dental hygiene instruction, most of the work was emergency care where extraction was needed or serious cavities in permanent or deciduous teeth were found. Expectations for this program in future years include repairing all cavities and doing essentially preventive work. (JH)

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ABRE LA BOCA

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You are Invited

This is the story of a pioneering project in California, by which dental services were brought to migrant children in the northern San Joaquin Valley. In reporting how the project began, how it met a need and by recommending future improvements, this account of the 1969 Summer can break ground for similar projects—in California and elsewhere; to pioneer is to open or prepare the way for those who follow.

Region III Migrant Education Project in Merced County developed the pioneering project. Region III is part of the California Plan for the Education of Migrant Children, which is funded by the Elementary and Secondary Education Act (E.S.E.A.) Title I, Public Law 89-750, and administered by the Bureau of Community Services and Migrant Education in the California State Department of Education.

The University of California School of Dentistry was contracted to set up mobile dental clinics, manned by dental students and supervised by School of Dentistry professors. The goal was to screen and treat as many children of migratory agricultural workers as possible in a set span of time. The goal was, in the main, reached.

The paths to that goal are re-traced in this report. You are invited to follow.

We begin...

When the history of the sixties is written, it may well emphasize the role of students in bringing the academy and the community into close working relationships. And if it's accurate history, it will also note that the students didn't do it alone; sympathetic and

innovative faculty were often joined by ground-breaking community leadership. Just such a combination engineered the 1969 Dental Health Summer.

The Community Leadership was furnished by the staff of Region III, California Plan for the Education of Migrant Children; the faculty was drawn from the School of Dentistry, University of California, San Francisco.

Provision of dental treatment following screening and evaluation was proposed by the California Plan leadership. Faculty enthusiastically agreed, but pointed out that such a project would have to be officially approved by the respective local county dental societies. Before a final contract was negotiated with the Regents of the University of California, the administrators of the Region III Migrant Education Project met with the dental societies of the Stanislaus, San Joaquin and Merced Counties and received the necessary approval.

During preliminary meetings, the mobile unit was inspected and electrical requirements noted for each camp tie-up. In addition to the scope of care to be provided, the planning group also discussed the total budget, which included the cost of transportation and the housing of the dental and pharmacy students.

Stanislaus State College was selected to house the students, and the Director of the Dormitories arranged for excellent quarters for each student at $15.00 per week. Reimbursement was provided for breakfast and dinner at nearby restaurants and lunch was given at the camps.

And begin to prepare . . .

The Region III Migrant Education administrators, and particularly those directly involved in health education, were aware that unheralded arrival of the shiny buses and shiny instruments could spell disaster, that unprepared first visits to *el dentista* could produce a whole generation of apprehensive patients.

First, the families in each camp were visited, and the new service explained. The nurses and the aides in each camp also distributed mimeographed descriptions, in Spanish, of who was eligible,

when the buses would arrive, and at what hours each age group would have appointments. Parents of eligible children were asked to sign consent forms for dental work, medication, and photographs.

Perhaps most important to the patients-to-be were the two 35mm color-sound film strips shown in each Day Care Center and at schools the week before the Mobile Clinic came to the camp. The films, "Pedro Visits the Dentist" and "Pedro Learns to Brush His Teeth," were accompanied by a record in Spanish. For many children, it was a happy first experience with an educational film in their own language, and they kept asking for the two films to be shown again and again. Instead of a frightening new encounter, the actual arrival of the dentists and the strange shiny equipment became a kind of welcome to old friends. Hadn't Pedro done all the same things?

The importance of this on-site preparation, time-consuming and detailed as it is, cannot be stressed enough.

Meanwhile, intensive preparations of another sort were going forward at the University of California School of Dentistry. An additional bus was acquired and outfitted, and the regular Mobile Clinic bus was re-outfitted and adapted to the new demands of the sustained work planned for the summer. Both buses were equipped to hook up to water and electricity outlets at the camps, or in the absence of sufficient power, to run on a mobile generator. Both were equipped with air conditioning. The larger bus (about the size of a Greyhound) contained four operative units with dental chairs, sinks and dental instruments. The mini-bus contained one operatory, an X-ray unit, an ortho-pantomagraph x-ray machine, developing room, refrigerator and sterilizer for the surgical instruments.

Assembling the hardware on wheels was one matter—personnel and logistics another. Seniors in dentistry, dental hygiene and pharmacy were selected to staff the buses, with on-site supervision provided by Dental School professors and clinical instructors who were also engaged in pedodontic practice in the Bay Area.

Originally, the staffing plan called for a six week stint for each group of 8-10 students, 1 or 2 dental hygiene students, and two pharmacy students. As it turned out (and if pioneering projects aren't flexible, they don't blaze trails), the first group of students brought back such contagious enthusiasm to the San Francisco campus, the last six weeks were split into two three week sessions to accommodate more senior students who wanted to participate. The academy and the community were truly joined.

And Go to Work...

"It was a bright, hot morning with a clear sky in the valley. The apricots in the orchards bordering the camp were ripe with juice. Suddenly dark eyes peered at us from behind teacher's and mother's skirts as the doors of the bus were opened and the water hoses and power lines connected. By 9:00 A.M. the first patients had received x-rays and were learning what a visit to the dentist was like—most for the first time. The x-rays, cleaning and examining teeth was done in one bus while the restorations and surgical treatment took place in the second. Soon I was seeing my first patient, and speaking Spanish to five year old Juan Fernandez. What did I say? "Abre la boca," of course. This became the byword of the summer's experience to Spanish speaker and nonspeaker alike. "Abre la boca" began at eight in the morning and was heard in the dusk of the camp until seven at night."

The first day at the first camp (Westley)described by one of the dental students.

The goals for each week, as outlined during the preparation months, were:

Instruct the children on the proper way to brush their teeth, give them their own toothbrushes.

Give each child an oral prophylaxis and fluoride treatment, scale those teeth which had heavy calculus deposits.

Save as many decayed teeth as possible by restoring with fillings or crowns, not only to halt decay, but to prevent loss of teeth and later the developing of space problems when permanent teeth came in. Take x-rays of the children's teeth to find cavities not visible by usual oral examination procedures, to determine the extent of decay present, and also, to accumulate data on the general condition of migrant children's teeth.

Extract badly decayed teeth to stop or prevent abscess formation and prevent serious infection.

To reach these goals, a procedure was developed for the first day in each camp:

Camp personnel brought the signed consent forms to the dental staff.

Day Care children (pre-schoolers) were seen in the early mornings; later, school age children were brought from

classes, and finally, the older children as they came back from the fields.

As the children came in, their names were checked off the consent forms, a number assigned to each patient, and a record folder started.

The children were then taken, usually in groups of five, to the dental hygienist, given toothbrushes, a fluoride tooth polish, and individual instruction on correct care of their teeth.

Next came the first visit to the dentist. The students polished teeth, administered fluoride, charted cavities present, noted general condition of gums and occlusion, indicated on their charts the type of x-rays each would need, and classified work that was needed as follows:

Class I extraction needed

Class II serious cavities in permanent or deciduous teeth which definitely needed restoration

Class III deciduous teeth soon to be lost, with caries or minor cavities present in permanent teeth

The dentist also noted on each chart the estimated time required to complete the needed work.

Class I and II children were given appointments to return later in the week to have the work done.

Finally, the new patients were taken into the smaller bus and x-rays taken as indicated on their charts.

Recounted in nice orderly fashion, the procedure sounds easy. It wasn't easy, but it ran smoothly, because it had been carefully planned and was constantly being re-examined for new and better ways to accomplish the work.

Just as the contagious enthusiasm of the dental students brought more students than had been originally planned, the senior dental hygienists who had been scheduled for a few days or a week invariably stayed longer. They gave instructions on dental hygiene, scaled teeth, took x-rays, assisted the dental students during operative procedures and sterilized instruments.

The two senior pharmacy students stayed for the entire twelve weeks, and had a great deal to do with the smooth flow of patients. In addition to advising the dental students on use of medicinals, developing x-rays and keeping records of the work, they made appointments, saw that they were kept, and shepherded the young patients from the outdoor waiting rooms into the buses.

This kind of help in managing waiting patients was not the only serendipity that emerged as the weeks went by. Some of the students stayed in the Valley through the weekends to take their young patients, now friends, on picnics and excursions. One student, a Valley resident, gathered up all available camp staff, other students and visitors and brought them home for a barbecue. As in all creative endeavors, the whole was frequently greater than the sum of the parts.

As one student wrote:

"Although the staff personnel varied from camp to camp, we were always expected and always given help. In Stanislaus County, the aides, older children, who were camp residents, and the nurses were our direct line to parents and patients. In the Merced camps, the nurses were directly involved, and in San Joaquin County, since there were no day-time nurses, the Day Care personnel and community aides assisted us.

"It should be mentioned that the reception we received at each camp was tremendous. Everyone went out of his way to help us, from bringing the children in to making sure we had plenty of lunch.

"The welcome we received from the camps' personnel and from the children was, in fact, overwhelming."

The system used for the first day doubtless had a great deal to do with the effective functioning of the mobile units during the rest of the week. First, a large number of children could be screened since that was all that was being done, and second, with no operative work scheduled, each child had a very happy experience in his initial contact with the dentist. This, combined with the orientation films, the informal dress of the students and their friendliness, was why there was rarely any problem getting the children who needed work done to come back to the buses.

On Tuesday through Friday, the children who had been given appointments came back to have the work done. Many of the youngest (2-4 years) were apprehensive about seeing the dentist so were given mild pre-medication. After the work was done, they were taken back to the Day Care Center where they could rest under supervision. It should be noted that these anxious young ones returned for second appointments happily and were excellent patients without pre-medication. It was a case of needing to experience at first hand an imagined fearful encounter.

A list of the school children who had appointments was given to nurses or to the aides; if they were in school, they were called for, or if at home, the staff would make sure they came in on time. In the words of a dental student "they were great patients. Many would stay around the buses all day and beg to be next. There was no problem whatsoever in getting the older children to come in, except those who would rather go to work than come to an appointment. How much of this was due to parental pressure is difficult to tell, but I think the success in dealing with the majority of the older kids was that they were of an age where they'd be having toothaches and they were also worrying about the appearance of their teeth."

During the week more children would be screened, children who had missed the Monday evaluations for one reason or another. Some had been at work, some were still skeptical about happy Pedro and his first visit to *el dentista*, and some were members of new families who had just moved in.

All dental work was directly supervised by either the on-site director for the twelve weeks, or the pedodontic clinical instructor.

These instructors were available for consultation and demonstration, and to assist with difficult operative procedures.

At a few of the camps, the instructor held a meeting on the Monday night to answer parents' questions. There were large turnouts and many questions. It was evident that the answers were very reassuring to the parents and led to excellent home cooperation with the dental staff. The meetings also eliminated many problems for the nurses, who would otherwise have had to answer the questions and to explain why fillings or crowns or extractions were needed.

In fact, if understanding and cooperation could be charted, the curve would rise steadily from each Monday to the end of the week. The children began to understand just what a dental hygienist does, just what a dentist does. After the first day, the dental students felt that they had a hundred new friends and helpers as

well as patients. Many children stayed around after their own appointments to help dispel any lingering doubts in the next patients. Some who had appointments arrived early and excitedly awaited their turns. When they got on the bus, they were very observant. As one of the dental students reported:

"It was really fun to watch a child get off the bus and have a bunch of other children come up to him and check what had been done to his teeth. Then the brothers and sisters or friends would put their arms around him and make sure he got home safely. I know when I was a child, we were sort of embarassed to say we had fillings, but in the migrant camps, the fillings became almost a status symbol."

Was it worth it?

Rarely are two goals achieved by a single project. Even more rarely, if ever, in the marketplace, does a dollar spent bring more than a dollar's worth of goods and services.

The 1969 San Joaquin Valley Summer achieved all of these unlikely results:

The primary goal of providing dental health care to a medically neglected group was clearly attained.

The twin goal, as clearly reached, was to give a group of health science students an opportunity to heed the words of Rene Dubos:

> "Medicine and public health do not develop or function in a social void. They provide social adaptive mechanisms that complement the biological adaptive responses to the conditions of life at a given time. They can fulfill their purpose, to improve people's health, only if they are fitted to the needs and the resources of the community as well as to the special conditions created by the total environment." (*On Adapting*)

And the dollar spent did indeed come back multiplied: against any established scales of payments, the University of California

Mobile Dental Clinics performed dental services at lower costs than any other means.

But are other means available to the children of migrant farm workers? Yes, three. Here's how they work:

1) *Welfare*

The child is taken to a dentist, who must make an examination and evaluation of work needed without any guarantee he will be paid for this phase; he then completes several forms in duplicate, indicating work needed, and sends these to the welfare office for authorization to proceed. Most often, the work is not authorized. Even if it is, many dentists refuse welfare cases because of the paper work involved and the delayed payments. And then sometimes even authorized work goes unpaid.

2) *Crippled Children's Society*

The child must first be examined by a dentist, to determine need. The dentist must then submit his findings and justify acceptance by the Society. The dental problem must be fairly serious for eligibility to be established. Further, many local chapters of the Crippled Children's Society have no funds available for dental care.

Both of these resources, if they can be called that, are of limited value to a migrant family. The time factor (waiting for authorization) and lack of the sophistication needed in seeking

such community benefits more often than not completely eliminate these two approaches for the highly mobile family.

3) *Local Dentists*

This is a last resort, used most often when the decay has advanced so far that a tooth or teeth must be extracted. Also, for many of the migrant labor camps, there are no local dentists in the area.

So the answer is—yes, it was worth it. The dentist comes into the camp, his arrival has been announced and explained and he is readily available to the migrant children. The parents do not have to stay home from their jobs; there is no time lag in performing the work. Not only are teeth restored but dental hygiene instruction is given. The children are made aware of the problems that can occur if they don't take care of their teeth, and they have happy memories of their first experience in the dental chair.

They have a tangible memento, too—the number of children given their first personal toothbrush was very significant. Many mothers came to the buses later in the week to ask if they too could have toothbrushes for themselves, and for other members of the family who weren't able to go to the mobile clinic.

And finally, was it worth it for the students? On the tangible side, the benefits were modest—room and board, a small stipend and a few credits toward their clinical requirements. On the intan-

gible side, the benefits to the students were enormous. None could avoid being overwhelmed by the amount of work needed on the children's teeth, and everyone derived deep personal satisfaction in being capable of performing such a service. One student said:

"I don't think any dental student in the United States ever had an opportunity like this before (he goes on to describe the level of pedodontics practiced, then continues) . . .

"But best of all was what I guess you'd call the *human* side—we really had an opportunity for community service, a chance to meet and work with new people, and to understand, or maybe I should say—open our eyes to—the very real social problems of isolated communities of migrant farm workers."

From the University's standpoint, such exposure to the community filled a gap for dental students. Unlike medical students, whose internships and often residencies are a bridge between professional school and practice, the dentist goes directly from school to practice. He has had no contact, other than the University clinic, with the community.

The wisdom of providing such exposure bore fruit. One student (whose pre-professional school days had included long stays in Mexico) reported at the end of the summer:

"Some of us (students) were motivated to investigate areas of specialization that we knew little about before. Some, after living in the San Joaquin Valley for the summer, are considering setting up practice in a rural area rather than the city. I, for one, have started searching for a dental internship in Mexico, hopeful of renewing my love for 'La Raza.'"

The intangible values were underscored, too, by the Mobile Clinic Director, when he expressed pride in the students, ". . . The high quality work they're doing . . . ," acknowledging gratitude to the "California Bureau of Migrant Education for funding the program," and expressed the attitude of the University when he said, "We of the University of California are pleased to serve the people of this State, which has supported our institution for over one hundred years."

Heroes and heroines abounded in the summer of 1969: a dental student who turned out to be a genuine Mr. Fixit, the quiet Regional Director who never stopped working, the nurses who did their own jobs *and* the preparation and follow-through for the buses, the bilingual aides, the Day Care Center staffs (including one cook who could give lessons to Escoffier), the professors and the supervising dentists.

But if any one group is to be singled out in that summer, it is the patients—the boys and girls who joyfully responded to "abre la boca," and in so doing, perhaps promised a new generation of happy dental patients . . . and healthy children.

It can be better...

Approximately 100 children were handled in each camp during an allotted week.

It would be more effective to allot time to each camp in accordance with the number of eligible children in residence.

The parents' meeting with the instructor should be made a regular part of each camp's participation.

The work that was done in 1969, aside from dental hygiene instruction, was essentially emergency care (e.g. priority of Class I and Class II). 1,281 children were seen in the twelve weeks of operation, and the effect on their future cannot be described by numbers.

But in future years, it is hoped that the experience of the first year will make it possible to restore all cavities and do essentially preventive work.

The film, "Abre la Boca," should be shown in its present form and in a new Spanish language version, to migrant parents and children prior to future summer activities. Spanish theaters, Spanish language TV stations and Mexican-American community groups could be utilized.

Dental and photograph consent forms should be available in Spanish.

Summer 1969 Mobile Clinic

School of Dentistry
University of California
San Francisco

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Theodore Wilson, D.D.S., M.S.D.

Date	EVALUATION RECORD	Instr.
	I. GROSS APPRAISAL OF PATIENT (General physical appearance, personality, level of social maturity, how patient relates to dental environment. II. PERIORAL AND ORAL SOFT TISSUE EXAMINATION: III. ORAL HYGIENE: IV. ORAL HABITS (Tongue thrust, thumb, finger or lip sucking, bruxism): V. OCCLUSION A. Neutral B. Malocclusion Classification 1. Class I 2. Class II a. Division 1 b. Division 2 3. Class III C. Overjet D. Overbite E. Crossbite F. Loss of Arch Length G. Need for Space Maintenance H. Developing Problems	

	Los Banos	Mathews #3	Mathews #2	Harney Lane	Westley	Patterson	Empire	Merced	Livingston	Planada	Ballico	Total	Aver. per Week
Clean and Flouride	119	134	95	145	195	85	103	93	91	105	98	1,263	105.25
Total # Screened	120	134	99	145	197	85	110	94	94	105	98	1,281	106.75
# Bitewings	128	138	138	159	361	120	154	69	122	146	106	1,641	136.75
# Occusals	4	3	5	25	87	5	147	12	102	14	1	405	33.75
# Periapicals	20	12	10	19	119	7	12	32	35	18	13	197	16.42
# Children X-Rayed	68	68	67	75	193	62	80	36	63	77	57	846	70.50
# Teeth Filled	216	213	241	337	461	165	230	200	258	204	226	2,751	229.25
# 1 Surface	119	167	232	319	406	187	244	198	298	184	229	2,583	215.25
# 2 Surface	84	66	72	119	104	78	76	57	53	59	63	831	69.25
# 3 Surface	10	11	12	10	7	8	8	5	6	7	4	88	7.33
# Silicates	0	29	7	6	30	3	0	15	1	0	0	91	7.58
Total # of Surfaces	406	367	402	591	705	370	419	343	419	326	386	4,734	394.50
# Extractions	22	37	37	56	45	33	60	37	36	33	26	422	35.17
SS Crowns	14	15	5	7	21	10	11	23	19	7	7	139	11.58
Pulpotomys	12	7	13	16	11	4	5	9	7	10	7	101	8.42
Bases	0	5	10	11	32	5	11	6	4	3	1	88	7.33
Indirect Pulp Caps	0	0	1	2	4	0	1	16	1	0	0	25	2.08
Direct Pulp Caps	4	2	5	0	2	2	2	1	3	0	2	23	1.92
Extracted Root Fragments	10	19	4	9	1	0	2	0	4	12	7	68	5.67
# Operative Work Done On	61	74	57	76	114	50	63	53	55	53	50	706	58.84
# Seen Dentist Before	9(7.54%)	8(6%)	2(2.1%)	11(7.6%)	47(23.09%)	9(10.6%)	13(12.6%)	13(13.9%)	9(9.9%)	9(8.56%)	7(7.04%)	137(10.8%)	
# Missed Appts	3	4	16	15	26	9	0	2	6	0	7	88	
Other	4 endos done on cennals									2 active space maintainers Placco			

For making *Abre La Boca* possible, appreciation and gratitude are expressed to:

Fabio Clet, Regional Director
Regional Migrant Education Project, Region III
Merced, California

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